## HART, BAXLEY, DANIELS & HOLTON 90 JOHN STREET, SUITE 309 NEW YORK, NY 10038

Phone: (212) 791-7200

Fax: (212) 791-7276

## **TELECOPIER COVER PAGE**

RECEIVED
CENTRAL FAX CENTER

**DATE:** February 16, 2005

**OUR REF: 15255 B** 

FEB 1 6 2005

| TO                              | COMPANY | FAX NUMBER     |  |  |
|---------------------------------|---------|----------------|--|--|
| General Incoming Receipt Center | USPTO   | 1-703-872-9306 |  |  |
|                                 | ^       |                |  |  |

FROM:

Charles E. Baxley

2 Pages

(INCLUDING COVER SHEET)

RE:

This firm's reference 15255 B

US Pat Appln 10/657,264 - 09 Sep 03

**DUSTING BRUSH** 

Mr. Chia-Hao LIN, Inventor

## Gentlepersons:

Attached hereto is a Revocation of Power of Attorney with New Power of Attorney to be entered into the record of the above referenced United States Patent Application.

Your courtesy, cooperation and skill are appreciated.

Respectfully,

Charles E. Baxley USPTO Reg. 20,149

**Attachment** 

RECEIVED

| Under the Paperwork Reduction Act of 1995, no persons was required to r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approved for<br>U.S. Pelent and Tredomerk Offi<br>Sepond to a collection of information unli | use through 11/30/2005. OMB 0651/0035 (<br>ioe; U.S. DEPARTMENT OF CONNERCE! |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application Number                                                                           | 10/657,264                                                                   |  |
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Filing Date                                                                                  | 09/09/2003<br>Chia-Hao Lin<br>1744<br>CHIN, RANDALL E                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Named Inventor                                                                         |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Art Unit                                                                                     |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Examiner Name                                                                                |                                                                              |  |
| The state of the s | Attorney Docket Number                                                                       | 15255 B                                                                      |  |

| I hodobu musika ali anada                                                                                                                                                                              |                                |             |                   |       |      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|-------------------|-------|------|--|--|
| I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                             |                                |             |                   |       |      |  |  |
| A Power of Attorney is submitted herewith.                                                                                                                                                             |                                |             |                   |       |      |  |  |
| OR I hereby appoint the practit                                                                                                                                                                        | tinnare seconiated with the Pu | -4 <b>\</b> | 1h                | 91    | 2020 |  |  |
| I hereby appoint the practitioners associated with the Customer Number: 38672                                                                                                                          |                                |             |                   |       |      |  |  |
| Please change the correspondence address for the above-identified application to:  The address associated with Customer Number.  38672                                                                 |                                |             |                   |       |      |  |  |
| Firm or CHARL                                                                                                                                                                                          | CHARLES E. BAXLEY, ESQUIRE     |             |                   |       |      |  |  |
| Addense                                                                                                                                                                                                |                                |             |                   |       |      |  |  |
| Address                                                                                                                                                                                                | 90 JOHN STREET, SUITE 309      |             |                   |       |      |  |  |
| City NEW Y                                                                                                                                                                                             | VODY T                         | State       |                   | T 7:4 |      |  |  |
| Country U.S.A.                                                                                                                                                                                         | Orac                           |             | NEWYORK Zip 10038 |       |      |  |  |
| Telechone                                                                                                                                                                                              |                                |             |                   |       |      |  |  |
| I am the:                                                                                                                                                                                              | 1-7200                         | 1           | 212-791-7276      |       |      |  |  |
| Applicant/inventor.                                                                                                                                                                                    |                                |             |                   |       |      |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.78(b) is enclosed. (Form PTO/SB/96)                                                                              |                                |             |                   |       |      |  |  |
| SIGNATURE of Applicant or Assignee of Record                                                                                                                                                           |                                |             |                   |       |      |  |  |
| Name Chia-Hao Lin                                                                                                                                                                                      |                                |             |                   |       |      |  |  |
| Signature Chīa - Hao Līn                                                                                                                                                                               |                                |             |                   |       |      |  |  |
| Date 1/12/2005                                                                                                                                                                                         | Telephone 212-791-7200         |             |                   |       |      |  |  |
| NOTE: Signatures of all the inventors or earlignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                |             |                   |       |      |  |  |
| "Total offorms are submitted.                                                                                                                                                                          |                                |             |                   |       |      |  |  |

This collection of information is required by 37 CFR\*1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form sind/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Palent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, as I 1-800-PTO-9199 and select option 2.